	PATENT	APPLICATI Effec	RD		Applicat	ion or l	Docket Nu					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL YPE	ENTITY	OF		R THAN ENTITY
Ľ	OTAL CLAIMS	S	11				Γ	RATE	FEE	1	RATE	FEE
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		ASIC FI	EE 385.0	O OF	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			// mi	// minus 20=				X\$ 9=		OR	X\$18=	·
IN	DEPENDENT C	CLAIMS) m	minus 3 =				X43=		OR	X86=	
М	ULTIPLE DEPE	NDENT CLAIM F	PRESENT				 				-	
* If the difference in column 1 is less than zero, enter "0" in column 2							+145=		OR	+290=		
								TOTAL		OR	TOTAL	770
CLAIMS AS AMENDED - PART II											OTHER	
<u> </u>	1	(Column 1) CLAIMS	T		(Column 2) (Co		· [-	SMALL	ENTITY	– Č	SMALL	ENTITY
AMENDMENTA		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA	RATE		ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE
	Total	. 7	Minus	- 2	0	=		X\$ 9=	1	OR	X\$18=	,
	Ind pendent	· /	Minus	<u> </u>) 	=		X43=		OR	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1		
								145=	$oldsymbol{\perp}oldsymbol{\perp}$	OR	+290=	
•								TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE	,
-	(Column 1) (Column 2) (Column 3)											
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE	.]	RATE	ADDI- TIONAL FEE
	Total	*	Minus	••		=	,	(\$ 9=	.	OR	X\$18=	
IME	Independent	•	Minus	***		= .	 	(43=		1 1	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						H		 	OR		
								145=		OR	+290=	
								TOTAL IT. FEE	<u> </u>	OR	TOTAL ADDIT. FEE	
ī												
ပ 2		CLAIMS REMAINING AFTER		HIGHE NUMBE PREVIOL	R	PRESENTEXTRA	RATE	ATE	ADDI- TIONAL		_RATE_	ADDI- TIONAL
ME	Total	AMENDMENT		PAID FO	DR		<u> </u>		FEE	1 1		FEE
<u> </u>	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=	
Σ	Independent	AUTATION OF AN	Minus			-	X	43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							45=	i.	OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "High st Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OB	TOTAL	
1	the "Highest Nur	mber Previously Pa ber Previously Paid	id For IN THIS	S SPACE is I	ecc than	3 enter *3 *		T FEE	propriate bo	. A	DDIT. FEE L mn 1.	·